YEAR		CALIFORNIA FORM
□□□□ Nonresident Withholding Tax Sta	atement	592-B
Attach to Form 592 for each recipient. See the separate instructions for Forms 592, 592-A, and 592-B.		Copy A FOR FRANCHISE TAX BOARD
Part I Recipient		
Recipient's name, address (number and street), city, province or state, postal code, and country	PMB no.	Social security number
		California corporation number  FEIN
Part II Withholding agent (Payer/Partnership/Limited Liability Company)		
Withholding agent's (payer's/partnership's/limited liability company's) name, address (number and street), city, state, and ZIP Code	PMB no.	Social security number/PTIN
		California corporation number  FEIN
	ī	Daytime telephone number
		( )
Part III Preparer (if other than withholding agent)		
Preparer's name, address (number and street), city, state, and ZIP Code	PMB no.	Social security number/PTIN
		California corporation number FEIN
	Ī	Daytime telephone number
	(	( )
Part IV Type of income subject to withholding. Check the applicable box(es).		
Payment to Independent or Distributions Distributions On Nonresident Partner/Mer	Distributions to Domestic (Nonfore Nonresident Partner/N	
Part V Tax Withheld		

#### IMPORTANT INFORMATION – PLEASE READ

#### **RECIPIENT:**

The withholding of tax does not relieve you of the requirement to file a California tax return within three months and fifteen days (for individuals and fiduciaries) or two months and fifteen days (for corporations) after the close of your taxable year. If you cannot file the tax return by the due date, an automatic extension to file is granted (six months for individuals, fiduciaries, partnerships, LLC's, and seven months for corporations). However, you must pay 100% of your tax liability by the original due date.

To determine if you must file a tax return, refer to the instructions for your tax return: Form 540, California Resident Income Tax Return; Form 540NR, California Nonresident or Part-Year Resident Income Tax Return; Form 565, Partnership Return of Income; Form 568, Limited Liability Company Return of Income; Form 100, California Corporation Franchise or Income Tax Return; Form 100W, California Corporation or Income Tax Return (Water's-Edge); Form 100S, California S Corporation Franchise or Income Tax Return; or Form 541, California Fiduciary Income Tax Return.

Even if you are not required by law to file a tax return, you should file if California tax has been withheld. For more information, call (800) 852-5711 from within the United States, or (916) 845-6500 (not toll-free) from outside the United States.

You may be assessed a penalty if you file your tax return late, if the amount withheld is not enough to satisfy your tax liability, or if you fail to file a tax return and your California income exceeds the amounts prescribed by law for filing a tax return.

2

When filing your California tax return, attach Copy B of this form to the face of your tax return as you would a federal Form W-2. If you are an individual or a fiduciary, enter the amount from Part V, line 2 of this form on the "California income tax withheld" line of your tax return. If you are a corporation, enter the amount from Part V, line 2 of this form on the "Estimated tax payments" line of your tax return.

Keep Copy C for your records.

#### WITHHOLDING AGENT:

You are required to file Copy A of this form together with Form 592, Nonresident Withholding Annual Return, with the Franchise Tax Board. See the instructions for Forms 592, 592-A, and 592-B for when and where to file returns of tax withheld at source.

Direct correspondence to:

NONRESIDENT WITHHOLDING SECTION FRANCHISE TAX BOARD PO BOX 651 SACRAMENTO CA 95812-0651

Part II Withholding agent (Payer/Partnership/Limited Liability Company)  Withholding agent's (payer's/partnership's/limited liability company's) name, address (number and street), city, state, and ZIP Code  Part III Preparer (if other than withholding agent)  Preparer's name, address (number and street), city, state, and ZIP Code  PMB no. Social states (number and street), city, state, and ZIP Code	CALIFORNIA FORM <b>592-B</b>
Part II Recipient Recipient's name, address (number and street), city, province or state, postal code, and country    PMB no.   Social street	
Part II Withholding agent (Payer/Partnership/Limited Liability Company)  Withholding agent's (payer's/partnership's/limited liability company's) name, address (number and street), city, state, and ZIP Code  Part III Preparer (if other than withholding agent)  PMB no. Social s  Calife  Daytime (  PMB no. Social s  PMB no. Social s  Social s	COPY B FILE WITH THE STATE RETURN
Part II Withholding agent (Payer/Partnership/Limited Liability Company)  Withholding agent's (payer's/partnership's/limited liability company's) name, address (number and street), city, state, and ZIP Code  Part III Preparer (if other than withholding agent)  Preparer's name, address (number and street), city, state, and ZIP Code  PMB no. Social s	
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Street), city, state, and ZIP Code  Calife Daytime (  Part III Preparer (if other than withholding agent)  Preparer's name, address (number and street), city, state, and ZIP Code  PMB no. Social s	
Preparer's name, address (number and street), city, state, and ZIP Code  PMB no. Social s	ecurity number/PTIN  ornia corporation number
	)
Daytime	ecurity number/PTIN  prnia corporation number
Part IV Type of income subject to withholding. Check the applicable box(es).	)
Payment to Independent Contractor Royalties Estate Distributions Distributions Distributions Contractor Royalties Trust Distributions Distributions Distributions Trust Distributions to Foreign (non-U.S.) Nonresident Partner/Member Distributions Trust Trust Distributions to Foreign (non-U.S.) Nonresident Partner/Member	Other(describe)
Part V Tax Withheld  1 Total amount subject to withholding	1 2 Form 592-B (REV. 20

# IMPORTANT INFORMATION – PLEASE READ You may be assessed a penalty if you file

# RECIPIENT:

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YEAR □□□□ Nonresident Withholding Tax State	atement	CALIFORNIA FORM 592-B
romesident withholding lax ou		Copy C FOR RECIPIENT'S RECORDS
Part I Recipient		•
Recipient's name, address (number and street), city, province or state, postal code, and country	PMB no.	Social security number  California corporation number FEIN
Part II Withholding agent (Payer/Partnership/Limited Liability Company)		<b>I</b>
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Don't III Dronovov (if other than withholding agent)		[( )
Part III Preparer (if other than withholding agent)  Preparer's name, address (number and street), city, state, and ZIP Code	PMB no.	Social security number/PTIN  California corporation number FEIN  Daytime telephone number

Allocations

to Foreign (non-U.S.)

Nonresident Partner/Member

#### IMPORTANT INFORMATION – PLEASE READ

Estate

☐ Trust

2 Total California tax withheld

Distributions

Total amount subject to withholding .....

#### **RECIPIENT:**

☐ Payment to

Contractor

Part V

Independent

□ Rents

Tax Withheld

Royalties

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U Other

2

(describe)

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Distributions

to Domestic (Nonforeign)

Nonresident Partner/Member

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	stomont	CALIFORNIA FORM 592-B
——— Nonresident withholding lax Sta	itement	
		Copy D FOR WITHHOLDING AGENT
Parti Recipient		•
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		California corporation number — FEIN
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Part III Preparer (if other than withholding agent)		
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		( )

Allocations

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Nonresident Partner/Member

#### IMPORTANT INFORMATION – PLEASE READ

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Distributions

Trust

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Total amount subject to withholding .....

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Distributions

to Domestic (Nonforeign)

Nonresident Partner/Member

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Direct correspondence to:

NONRESIDENT WITHHOLDING SECTION FRANCHISE TAX BOARD PO BOX 651 SACRAMENTO CA 95812-0651

## **IMPORTANT — PLEASE READ**

To order a California tax form or for more information you may contact us:

**By Internet:** You may download, view, and print California tax forms and publications. Go to our website at:

#### www.ftb.ca.gov

**By Automated Phone Service:** Use this service to order 1998, 1999, and 2000 California tax forms and 2000 federal forms.

Have paper and pencil handy to take notes.

From within the United States ...... (800) 338-0505

From outside the United States

(916) 845-6600 (not toll-free)

Follow the recorded instructions. This service is available 24 hours a day, seven days a week.

By Mail: Write to:

TAX FORMS REQUEST UNIT FRANCHISE TAX BOARD PO BOX 307 RANCHO CORDOVA CA 95741-0307

Please allow two weeks to receive your order. If you live outside of California, please allow three weeks to receive your order.

**In Person:** Most libraries, post offices, and banks provide free California personal income tax booklets during the filing season. Many libraries and some quick print businesses have forms and schedules for you to photocopy (you may have to pay a nominal fee). **Note:** Employees at libraries, post offices, banks, and quick print businesses cannot provide tax information or assistance.

Assistance for persons with disabilities: The Franchise Tax Board complies with provisions of the Americans with Disabilities Act.

### Persons with hearing or speech impairments, call:

#### Asistencia bilingüe en español

Para obtener servicios en español y asistencia para completar su declaración de impuestos/formularios, llame al número de teléfono (anotado arriba) que le corresponde.

## **Private Mailbox (PMB) Numbers**

If you lease a mailbox from a private business rather than from the United States Postal Service, enter your box number in the field labeled "PMB no."